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Drug Utilization Review (DUR) Board Approved Drug Service Authorization (SA) Requirements and Virginia Medicaid Preferred Drug List (PDL) Program Changes - Effective July 1, 2016

The purpose of this memorandum is to inform providers about changes to Virginia Medicaid's fee-for-service Preferred Drug List (PDL) Program that will be effective on July 1, 2016 and new drug service authorization (SA) requirements approved by DMAS' DUR Board.

DMAS Drug Utilization Review Board Activities

The DMAS Drug Utilization Review Board (DUR Board) met on November 12, 2015 and May 12, 2016 and approved service authorization (SA) criteria for the following drugs based on FDA approved labeling.

- Alecensa® (alectinib)
- Cotellic™ (cobimetinib)
- Lonsurf® (trifluridine & tipiracil)
- Ninlaro® (ixazomib)
- Odefsey® (emtricitabine, rilpivirine, & tenofovir alafenamide)
- Odomzo® (sonidegib)
- Tagrisso™ (osimertinib)

Preferred Drug List (PDL) Updates - Effective July 1, 2016

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid fee-for-service program allows payment without requiring service authorization (SA). In designated classes, drug products classified as non-preferred will be subject to SA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a SA.

The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success. The PDL is effective for the Medicaid, and FAMIS Plus fee-for-service populations. The Virginia Medicaid PDL does not apply to members enrolled in a Managed Care Organization.

The DMAS Pharmacy and Therapeutics (P&T) Committee conducted its annual review of the PDL Phase II drug classes on April 28, 2016 and evaluated several new classes for addition to the PDL. The Committee approved the following changes and additions to Virginia Medicaid's PDL:

Drug Class	Preferred	Non-Preferred (requires SA)
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Acne Agents, Topical	erythromycin solution , Retin- A [®] cream & gel	Extensive list – please refer to PDL
Analgesics, Long Acting		methadone solution, tablet, concentrate and dispersible tab
Antibiotics, GI	Vancocin [®]	
Antibiotics (otic)		ofloxacin
Anticoagulants		Fragmin [®] ,
Antifungals (oral)		ketoconazole
Antifungals (topical)		ketoconazole foam
Antivirals (oral)	Zovirax [®] suspension	acyclovir suspension
Antivirals (topical)	Zovirax [®] cream	Zovirax [®] ointment
Bone Resorption Suppression & Related Agents	raloxifene	Evista [®]
Contraceptives	Removed from PDL – open access but mandatory generic substitution requirement applies	
Hypoglycemics – Insulins	Lantus Solostar [®] Pen; Humulin [®] 500 units/mL Pen	
Hypoglycemics – SGLT2	Invokana [™] , Invokamet [™]	Farxiga [™] , Xigduo [™] XR
Macrolides/Ketolides	erythromycin base capsule DR	erythromycin base tablet
Neuropathic Pain	capsaicin (OTC), gabapentin cap, tab and soln, duloxetine 20, 30 & 60 mg, Lyrica [®] , lidocaine (topical) patch	Cymbalta [®] , duloxetine 40 mg , Gralise [®] , Horizant [®] , Irenka [™] , Lidoderm [®] patch, Lyrica [®] soln, Neurontin [®] cap, tab & soln, Qutenza [®] patch, Savella [®]
Nonsteroidal Anti- Inflammatory Drugs (NSAIDs)		ibuprofen chewable tab OTC, fenoprofen, nabumetone, naproxen sodium, piroxicam
Opioid Dependency Treatments	naloxone vial & syringe, Narcan [®] Nasal Spray	Evzio [®]



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Topical Agents for Psoriasis

Dovonex® Cream

The P&T Committee approved new or revised clinical edits for several drug classes or drugs on the PDL. Clinical edit criteria for all drugs and drugs classes are detailed on the PDL. This list can be accessed at www.virginiamedicaidpharmacyservices.com/. Of particular note, the P&T Committee approved criteria changes for:

- **Hepatitis C Drug Class** - Drugs in this class will be approved for patients with a documented Disease Severity (Metavir Score F2 - F4) and/or at high risk of disease progression. In addition, documentation of a Metavir Score will **not** be required if a patient
 - has a comorbid diseases including HIV, hepatitis B or serious extra hepatic manifestations such as cryoglobulinemia, membranoproliferative glomerulonephritis: OR
 - has renal failure, is on dialysis or has a liver transplant; OR
 - is diagnosed with Genotype 3 hepatitis C
- **Analgesics, Short-Acting Narcotics** - All short acting opioids will be limited to a 10 day supply. A service authorization (SA) will be required for any prescribed quantity that exceeds a 10 day supply. In an effort to align with the CDC's Guideline for Prescribing Opioids for Chronic Pain, the SA requires the prescriber to calculate the morphine milligram equivalents/day (MME), discuss the benefits and harm associated with opioids and attest that he/she has reviewed the Virginia Prescription Monitoring Program (PMP). The SA form can be accessed at [Short Acting Narcotic SA Fax Form](#)
- **Analgesics, Long-Acting Narcotics** - the service authorization requirements have been revised to reflect the 2016 CDC's Guidelines for Prescribing Opioids for Chronic Pain. The SA form can be accessed at [Long Acting Narcotic SA Fax Form](#)
- **Buprenorphine Containing Drugs** - the service authorizations form has been revised and requires information for both the initiation of therapy and maintenance therapy.



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- **Others** - Antibiotics (gastrointestinal), Pradaxa[®], Durlaza[®] ER, Dynavel[™] XR, Enstilar[®] Foam, Varubi[®], Viberzi[™] and Xifaxan[®] - please refer to the PDL for details.

Virginia's PDL can be found at http://www.dmas.virginia.gov/Content_pgs/pharm-pdl.aspx or <https://www.virginiamedicaidpharmacyservices.com/>. In addition a copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

PDL Service Authorization (SA) Process

A message indicating that a drug requires a SA will be displayed at the point of sale (POS) when a prescription for a non-preferred drug is entered at point-of-sale (POS). Pharmacists should contact the member's prescribing provider to request that they initiate the SA process. Prescribers can initiate SA requests by letter, faxing to 1-800-932-6651, contacting the Magellan Clinical Call Center at 1-800- 932-6648 (available 24 hours a day, seven days a week), or by using the web-based service authorization process (Web SA). Faxed and mailed SA requests will receive a response within 24 hours of receipt. SA requests can be mailed to:

Magellan Medicaid
Administration ATTN: MAP
Department/ VA Medicaid
11013 W. Broad Street,
Suite 500 Glen Allen,
Virginia 23060

Service authorizations forms are available online at www.virginiamedicaidpharmacyservices.com. The PDL criteria for SA purposes are also available on the same website.

DMAS Contact Information for Participating Pharmacies



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Provider Information	Telephone Number(s)	Information Provided
Pharmacy Call Center	1-800-774-8481	Pharmacy claims processing questions, including transmission errors, claims reversals, obsolete date issues, etc.
Preferred Drug List (PDL) & Service Authorization Call Center	1-800-932-6648	Questions regarding the PDL program, service authorization requests for non-preferred drugs, service authorization requests for drugs subject to prospective DUR edits
Maximum Allowable Cost (MAC) and	1-866-312-8467	Billing disputes and general information regarding multi-source drugs subject to the
Specialty Maximum Allowable Cost (SMAC) Call Center		MAC program, and billing disputes and general information related specialty drugs subject to the SMAC Program
Provider Helpline	1-800-552-8627 1-804-786-6273 (In state long distance)	All other questions concerning general Medicaid policies and procedures
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for Verifying Medicaid Eligibility
Medicaid Managed Care Organization (MCO) Information	Anthem 1-800-901-0020	Questions relating to Medicaid members
	Aetna 1-800-279-1878	enrolled in Medicaid Managed Care Plans
	Kaiser 1-855-249-5025	
	INTotal 1-855-323-5588	
	Optima 1-800-881-2166 VA 1-800-828-7989 Premier	

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility



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requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx

Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx

Program of All-Inclusive Care for the Elderly (PACE):

http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

- 1-804-786-6273 Richmond area and out-of-state long distance
- 1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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